TOWN OF HAMILTON ZONING BOARD OF APPEALS

APPLICATION FOR ZONING BOARD OF APPEALS HEARING To be completed by all Applicants

Date Submitted:		
Applicant Name:	Phone:	
Applicant Address:		
Applicant respectfully petition	ons the Board of Appeal for the fo	ollowing:
□Site Plan Re □Abbreviated □Special Pern □Appeal of De	State Type) Alteration of a Non-Conformiview Site Plan Review hit: (State Type) ecision of the Building Inspecto for Temporary Living Area	
Address of Property if differen	ent from Applicant Address abov	e:
Note : If not the owner of the		e proof they are either the holder of a written option t act on behalf of the owner of the property.
Zoning District: Existing Lot Size:		
State Briefly what structures	are on the property:	
State in detail what the petition	oner desires to do at said subject	property:
State whether any petition as give details:	to the said premises has been su	abmitted to this Board within the last five years. If so
State if any Building Permit l	nas been granted to said premises	within the past two years. If yes, give details:
		Signed:
		Address:
		Phone: